



# United States Environmental Protection Agency

## REQUEST FOR COMPTIME/OVERTIME AUTHORIZATION

<b>1. For Pay Period:</b>		<b>10</b>	<b>2. Check One</b>		<b>3. Estimated Cost:</b>
<b>From</b>	<b>4/17 /13</b>	<b>To</b>	<b>4/20/13</b>	<input checked="" type="checkbox"/> <b>X Original Request</b> <input type="checkbox"/> <b>Extension</b>	

Authority for approving payment for overtime, or the allowance of compensatory time in lieu of payment for overtime, is reserved only to those officials stated in agency delegations.

Overtime must be authorized prior to its performance except in cases of emergency, and overtime actually worked under this authorization must be recorded on the employee's Time and Attendance Report (T&A) Card, EPA Form 2565-1, 2, or 3.

**4. Justification:** The employee has been deployed in response to the West Fertilizer Explosion ( West, TX) to conduct monitoring and oversight of the response and cleanup activities. Due to the potential impact to human health and the environment, resulting from the explosion, the response activities are being conducted beyond the normal work hours. .

	5. Employee's Name	6. Social Security Number	7. Grade or Rate	8. Estimated Number of Hours		
				Hrs. OT	Comp Time	Dates
1	Deputy Incident Commander – Althea Foster		13			4/17-4/20
2						
3						
4						
5						
6	Actual Hours Worked _____					
7						
8						

### Financial and Accounting Data

	DCN (Max 6)	Budget/FYs (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	
1		2013					
2							
3							(Max 2)
4							
5							
6							
7							
8							

	Amount (Dollars) (Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)	I certify that the hours shown are the hours worked.  _____
1				
2				
3				
4				
5				
6				
7				
8				

<b>10. Requested By</b>	<b>Date</b>
<b>11. Approved By: Ragan Broyles</b>	<b>Date</b>

# Review/Approval for Overtime/Compensatory Time

**Employee Name:** Deputy Incident Commander - Althea Foster

**# of Hours and Type:** 4/19 -20

**Overtime Total Pay Period 9: F(12) Sa (12)**

**Justification:**

At approximately 1950 CST on April 17, a fire and explosion at the West Fertilizer plant decimated the town of West, north of Waco, causing multiple injuries and fatalities. The exact number of injuries is unknown at this time, but the local emergency manager is reporting approximately 75 dead (includes 6 initial responders) and over 150 injured (reported unofficially to TCEQ at 0100, April 18). A fire at the facility caused anhydrous ammonia to explode, resulting in a shock wave in the area, causing multiple fires in a six block radius. An apartment building and nursing home adjacent to the facility are severely impacted. Fires are ongoing at multiple residences, the West Middle School, and several other buildings. The cause of the explosion is still under investigation.

Multiple emergency response agencies are engaged in fire-fighting and public safety activities.

Region 6 has deployed 4 OSCs, 8 contractors and the mobile command post to the site. Additional OSCs and contractors are on standby. Air monitoring will be conducted. The OSCs will coordinate with TCEQ and multiple state and local partners on the response. ASPECT flew the area at approximately 0030, April 18. Preliminary review of the ASPECT data shows the highest concentration of ammonia is about 600 feet downwind of the fire at 60 to 100 ppm (the plume is moving to the northwest of the fire). At approximately 1/2 mile down wind, the ammonia is not detected. EPA is coordinating with multiple Federal, State and local emergency response agencies to ensure protection of human health and the environment.

Due to the complexity of the incident and the high media attention the explosion has received, additional assets are required in the field to man this response. This effort requires the OSC to work extended operational hours this upcoming weekend to complete this mission critical emergency response site work necessary to protect human health and the environment.

**In accordance with the Regional memo dated TBD, I hereby certify that:**

1. These hours are appropriate and in support of program goals; and
2. The expenditure of funds is necessary and reasonable

**Reviewed/Approved by:**

\_\_\_\_\_  
**Division Director (or Acting)**

\_\_\_\_\_  
**(Date)**

**Concurred by:**

\_\_\_\_\_  
**ARA Management Division (or Acting)**

\_\_\_\_\_  
**(Date)**